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## STATE OF MONTANA Department of Public Health and Human Services

## HOME AND COMMUNITY BASED SERVICES PSYCHOSOCIAL SUMMARY

I.	IDENTIFYING INFORMATION:				
	Name:				
	Medicaid ID #:				
II.	PRESENTING PROBLEM (include summary of need for HCBS services and health history):				
III.	PERSONAL HISTORY (include family history/dynamics, marital history, education, employment and leisure activities):				
IV.	PSYCHOSOCIAL SUMMARY (include assessment of coping skills, patient understanding/acceptance of illness, cognitive abilities and mental status):				

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age 2 of 3Name	Date	
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A.	Social Assessment:
В.	Emotional Assessment:
C.	Mental Assessment:
V.	CURRENT LIVING SITUATION:
V.	CURRENT LIVING SITUATION:
V.	CURRENT LIVING SITUATION:  Financial Assessment:
A.	Financial Assessment:

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C.	Transportation:		
D.	Medical Compliance:		
E.	Support Systems (include family understanding/acceptance of illness):		
F.	Neglect/Abuse:		
G.	Long Term Planning:		
VI.	COMMENTS AND IMPRESSIONS:		
	Signature	Date	